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## BIB DATA SHEET

CONFIRMATION NO. 9544

<b>SERIAL NUMBER</b> 10/804,599	<b>FILING or 371(c) DATE</b> 03/19/2004 <b>RULE</b>	<b>CLASS</b> 004	<b>GROUP ART UNIT</b> 3751	<b>ATTORNEY DOCKET NO.</b>	
<b>APPLICANTS</b> Zoltan Egeresi, Santa Cruz, CA; <b>** CONTINUING DATA *****</b> This application is a CIP of 10/392,257 03/20/2003 ABN <i>yes, re</i> <b>** FOREIGN APPLICATIONS *****</b> <i>NONE</i> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 06/01/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/TUAN N NGUYEN/</u> Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWINGS</b> 7	<b>TOTAL CLAIMS</b> <i>4</i>	<b>INDEPENDENT CLAIMS</b> <i>1</i>
<b>ADDRESS</b> ZOLTAN EGERESI 5500 COAST RD SANTA CRUZ, CA 95060 UNITED STATES					
<b>TITLE</b> Toilet odor blocking and bidet system with water inline T-adapter					
<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		